

IN THE INTERNATIONAL BUREAU OF WIPO

In re PCT application of) Authorized Officer:
ELI LILLY AND COMPANY,	) Catherine Humbert
et al.)
)
International Application)
Number PCT/US00/16140	) Mailing Date
	) 24 January 2001
International Filing Date)
12 June 2000	) Agent's File
	) Reference:
Title of Invention	) 7040339LLY54
PHARMACEUTICAL MATERIALS AND)
METHODS FOR THEIR PREPARATION))
AND USE)

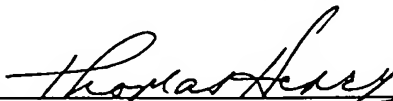
RESPONSE TO THE INTERNATIONAL SEARCH REPORT

The International Bureau
 WIPO
 34, chemin des Colombettes
 1211 Geneva 20
 Switzerland

Dear Sir/Madam:

In response to the International Search Report mailed 13 December 2000, regarding the above-referenced PCT Patent Application, Applicant does not wish to make any amendments at this time.

Respectfully submitted

By 
 Thomas Q. HENRY, #28,309
 Woodard, Emhardt, Naughton,
 Moriarty & McNett
 Bank One Center/Tower, Suite 3700
 111 Monument Circle
 Indianapolis, Indiana 46204 US
 United States of America
 (317) 634-3456

JC07 Rec'd PCT/PTO 10 DEC 2001

IN THE EUROPEAN PATENT OFFICE

In re PCT application of	) Authorized Officer:
ELI LILLY AND COMPANY,	) M Uhl
et al.)
)
International Application)
Number PCT/US00/16140	) Mailing Date
	) 25 July 2001
International Filing Date)
12 June 2000	) Agent's File
	) Reference:
Title of Invention	) 7040339LLY54
PHARMACEUTICAL MATERIALS AND)	
METHODS FOR THEIR PREPARATION)	
AND USE)

RESPONSE TO WRITTEN OPINION OF THE INTERNATIONAL
PRELIMINARY EXAMINING AUTHORITY

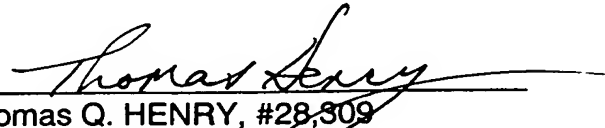
The International Preliminary Examining Authority
European Patent Office
Erhardstrasse 27
D-80298 Munich
Germany

Dear Sir:

In response to the Written Opinion from the International Preliminary Examining Authority mailed 01 June 2001, Applicant does not wish to make any amendments.

Respectfully submitted

By


Thomas Q. HENRY, #28,309
Woodard, Emhardt, Naughton,
Moriarty & McNett
Bank One Center/Tower, Suite 3700
111 Monument Circle
Indianapolis, Indiana 46204 US
United States of America
(317) 634-3456

PCT INTERNATIONAL APPLICATION TRANSMITTAL LETTER	DATE 12 June 2000
REGARDING THE INTERNATIONAL APPLICATION OF ELI LILLY AND COMPANY, et al.	DOCKET OR REFERENCE NUMBER 7040339LLY54
ENTITLED PHARMACEUTICAL MATERIALS AND METHODS FOR THEIR PREPARATION AND USE	

Certification under 37 CFR 1.10 (if applicable)

EL016471679US

12 June 2000

"Express Mail" mailing number

Date of Deposit

I hereby certify that this application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.

LINDA S.W. CONRAD

(Typed or printed name of person mailing application)

Linda S.W. Conrad

(Signature of person mailing application)

To the United States Receiving Office (RO/US):

Accompanying this transmittal letter is the above-identified International application, including a completed Request form (PCT/RO/101). Please process the application according to the provisions of the Patent Cooperation Treaty.

The following requests are made of the RO/US:

1. ☒ PREPARATION AND TRANSMITTAL OF CERTIFIED COPY OF PRIORITY DOCUMENTS—Please prepare and transmit to the International Bureau a certified copy of the United States origin priority documents identified in Box VI of the Request form (37 CFR 1.451).

To cover the cost of copy preparation and certification (37 CFR 1.19(a)(2) and (b)(1)).

☒ a (check) (money order) in the amount of \$ 15.00 included is attached to this transmittal letter.

☐ the RO/US is hereby authorized to charge the following deposit account no.: _____

2. ☒ CHOICE OF INTERNATIONAL SEARCHING AUTHORITY—It is requested that the International Search be performed by the following International Searching Authority:

☐ United States Patent and Trademark Office (ISA/US)

☒ European Patent Office (ISA/EP)

The appropriate Search fee for the above-named Authority is indicated on the Fee Calculation Sheet (PCT/RO/101 Annex).

3. ☐ SUPPLEMENTAL SEARCH FEES (ONLY WHEN ISA/US CONDUCTS THE INTERNATIONAL SEARCH.)—Please charge any Supplemental Search fees that may be required by the United States International Searching Authority (ISA/US) to deposit account no.: _____

I understand that the authority is not to be held responsible for any delay in the completion of the search and that it in no way limits my right to submit a request for a supplemental search fee, but is merely an administrative aid to assure that the ISA/US may timely complete the search report.

NOTE: SUPPLEMENTAL SEARCH FEES FOR ISA/EP ARE PAYABLE DIRECTLY TO THE EUROPEAN PATENT OFFICE

4. ☒ DISCLOSURE INFORMATION—In order to assist in screening the accompanying International application for purposes of determining whether a license for foreign transmittal should and could be granted and for other purposes, the following information is supplied:

A. ☐ There is no prior filed application relating to this invention.

B. ☒ There is a prior application, serial number 60/138,912 filed on 11 June 1999 (11.06.99) which contains subject matter that is

1. ☒ substantially identical to that of the accompanying International application.

2. ☐ less than that of the accompanying International application. The additional subject

matter of the International application appears on page(s) and line(s) _____

3. ☐ more than that of the accompanying International application.

C. ☐ Disclosure information cannot be covered by the language of Points 4A or 4B above due to the involvement of several prior applications or for other reasons. A separate sheet on which the disclosure information is explained is attached to this transmittal letter.

5. ☒ REQUEST FOR FOREIGN TRANSMITTAL LICENSE—According to the provisions of 35 U.S.C. 184 and 37 CFR 5.11, a license to transmit the accompanying International application to foreign agencies or international authorities is hereby requested.

SIGNER IS THE

- ☐ APPLICANT
☐ COMMON REPRESENTATIVE
☒ ATTORNEY-IN-FACT

REG. NO.

#28,309

NAME OF SIGNER (typed)

Thomas Q. HENRY

SIGNATURE

Thomas Henry

U.S. Department of Commerce

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) CHMIELEWSKI, Jean A. 511 South 9th Street Lafayette, Indiana 47901 US	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) KAHR, Bart E. 4612 47th Avenue South Seattle, Washington 98118 US	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.	

Box No.V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- ☒ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT *MZ Mozambique*
- ☒ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | |
|--|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> LR Liberia |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> LS Lesotho |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> LT Lithuania |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> LU Luxembourg |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> LV Latvia |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> MA Morocco |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> MD Republic of Moldova |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> MG Madagascar |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input checked="" type="checkbox"/> BR Brazil | |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> MN Mongolia |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> MW Malawi |
| <input checked="" type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> MX Mexico |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> GE Georgia | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> GH Ghana | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> IS Iceland | |
| <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> YU Yugoslavia |
| <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> ZA South Africa |
| | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> KR Republic of Korea | |
| <input checked="" type="checkbox"/> KZ Kazakhstan | |
| <input checked="" type="checkbox"/> LC Saint Lucia | |
| <input checked="" type="checkbox"/> LK Sri Lanka | |

Check-boxes reserved for designating States which have become party to the PCT after issuance of this sheet:

☒ DZ Algeria

☒ AG Antigua & Barbuda

☒ MZ Mozambique

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Supplemental Box *If the Supplemental Box is not used, this sheet should not be included in the request.*

1. If, in any of the Boxes, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ..." [indicate the number of the Box] and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:


- (i) if more than two persons are involved as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;
- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
- (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
- (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;
- (vi) if, in Box No. VI, there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI;
- (vii) if, in Box No. VI, the earlier application is an ARIPO application: in such case, write "Continuation of Box No. VI", specify the number of the item corresponding to that earlier application and indicate at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed.

2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.

3. If the applicant claims, in respect of any designated Office, the benefits of provisions of the national law concerning non-prejudicial disclosures or exceptions to lack of novelty: in such case, write "Statement concerning non-prejudicial disclosures or exceptions to lack of novelty" and furnish that statement below.

Continuation to Box No. IV Agent

WOODARD, Harold R.; EMHARDT, C. David; NAUGHTON, Joseph A., Jr.; MORIARTY, John V.; MCNETT, John C.; HENRY, Thomas Q.; DURLACHER, James M.; REEVES, Charles R.; WAGNER, Vincent O.; ZLATOS, Steve; BEREVESKOS, Spiro; BAHRET, William F.; BROWNING, Clifford W.; FRISK, R. Randall; LUEDERS, Daniel J.; GANDY, Kenneth A.; THOMAS, Timothy N.; SISSELMAN, Kerry P.; JONES, Kurt N.; ALLIE, John H.; BANTA, Holiday W.; COLE, Troy J.; PAYNTER, L. Scott; LOWES, J. Andrew; MEYER, Charles J.; HARRIS, Darrin Wesley; SCHANTZ, Matthew R.; COY, Gregory B.; HIDAY, Lisa A.; DANILUCK, John V.; BROWN, Christopher A.; BRANNON, C. John; SCHWARTZ, Jason J.; USHER, Arthur J. IV; COLLIER, Douglas A.; MYERS, James B. Jr.; STEVENS, Scott J., and ROWE, James L., all of Woodard, Emhardt, Naughton, Moriarty & McNett, Bank One Center/Tower, Suite 3700, 111 Monument Circle, Indianapolis, Indiana 46204 United States of America

Box No. VI PRIORITY CLAIM		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.		
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: regional Office	international application: receiving Office
item (1) (11.06.99) 11 June 1999	60/138,912	US		
item (2)				
item (3)				
<input checked="" type="checkbox"/> The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): (1)				
<small>* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.</small>				
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) <small>(if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):</small>		Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):		
ISA / EP		Date (day/month/year) Number Country (or regional Office) 11 June 1999 (11.06.99) 60/138,912 US		
Box No. VIII CHECK LIST; LANGUAGE OF FILING				
This international application contains the following number of sheets: request : 5 description (excluding sequence listing part) : 70 claims : 3 abstract : 1 drawings : 2 sequence listing part of description : n/a Total number of sheets : 81		This international application is accompanied by the item(s) marked below: 1. <input checked="" type="checkbox"/> fee calculation sheet 2. <input type="checkbox"/> separate signed power of attorney 3. <input type="checkbox"/> copy of general power of attorney; reference number, if any: 4. <input type="checkbox"/> statement explaining lack of signature 5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 6. <input type="checkbox"/> translation of international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form 9. <input checked="" type="checkbox"/> other (specify): Transmittal Letter (dup)		
Figure of the drawings which should accompany the abstract: 2		Language of filing of the international application: English		
Box No. IX SIGNATURE OF APPLICANT OR AGENT				
<small>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</small>				
Applicant(s): ELI LILLY AND COMPANY LEWIS, Jerry CHMIELEWSKI, Jean A. KAHR, Bart E.		Agent:  (Thomas Q. Henry)		

For receiving Office use only	
1. Date of actual receipt of the purported international application: 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: 4. Date of timely receipt of the required corrections under PCT Article 11(2): 5. International Searching Authority (if two or more are competent): ISA /	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received: 6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.

For International Bureau use only
Date of receipt of the record copy by the International Bureau:

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 7040339LLY54

Box No. I TITLE OF INVENTION

PHARMACEUTICAL MATERIALS AND METHODS FOR THEIR PREPARATION AND USE

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

ELI LILLY AND COMPANY
Lilly Corporate Center
Indianapolis, Indiana 46285 US

☐ This person is also inventor.

Telephone No.

Facsimile No.

Teleprinter No.

State (that is, country) of nationality:

US

State (that is, country) of residence:

US

This person is applicant for the purposes of:

☐

all designated States

☒

all designated States except the United States of America

☐

the United States of America only

☐

the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

LEWIS, Jerry
14104 Old Mill Circle
Carmel, Indiana 46032 US

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

US

State (that is, country) of residence:

US

This person is applicant for the purposes of:

☐

all designated States

☐

all designated States except the United States of America

☒

the United States of America only

☐

the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒

agent

☐

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

HENRY, Thomas Q.
WOODARD, EMHARDT, NAUGHTON, MORIARTY & MCNETT
Bank One Center/Tower, Suite 3700
111 Monument Circle
Indianapolis, Indiana 46204 US
SEE CONTINUATION TO BOX NO. IV ON SHEET NO. 4

Telephone No.

317-634-3456

Facsimile No.

317-637-7561

Teleprinter No.

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET Annex to the Request

For receiving Office use only

International application No.

Date stamp of the receiving Office

Applicant's or agent's
file reference

7040339LLY54

Applicant

ELI LILLY AND COMPANY, et al.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE 240 T

2. SEARCH FEE 990 S

International search to be carried out by EP
(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

The international application contains 81 sheets.

first 30 sheets 427 b1

51 x 10 = 510 b2

remaining sheets additional amount

Add amounts entered at b1 and b2 and enter total at B 937 B

Designation Fees

The international application contains 86 designations.

8 x 92 = 736 D

number of designation fees payable (maximum 10) amount of designation fee

Add amounts entered at B and D and enter total at I 1673 I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) 15 P

5. TOTAL FEES PAYABLE 2918

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

☒ authorization to charge
deposit account (see below)

☐ bank draft

☐ coupons

☒ cheque

☐ cash

☐ other (specify):

☐ postal money order

☐ revenue stamps

DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

The RO/ US ☐ is hereby authorized to charge the total fees indicated above to my deposit account.

☒ (this check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.

☐ is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account.

23-3030

Deposit Account No.

Date (day/month/year)

Signature Thomas Q. HENRY #28,309